

DO/EO BIBLIOGRAPHIC DATA ENTRY

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|------------------------------|--------------------------|---------------------------|----------------------|
| SERIAL NUMBER: | 09 / 869245 | RECEIPT DATE: | 06 / 27 / 01 |
| IA NUMBER: | PCT/ US99 / 27928 | IA FILING DATE: | 12 / 10 / 99 |
| FAMILY NAME: | JOHNSON | DELAY WAIVED (Y/N): | Y |
| GIVEN NAME: | | DEMAND RECEIVED (Y/N): | Y |
| PRIORITY CLAIMED (Y/N): | Y | PRIORITY DATE: | 12 / 30 / 98 |
| NO BASIC FEE (Y/N): | N | US DESIGNATED ONLY (Y/N): | N |
| ATTORNEY DOCKET NUMBER: | P 273240 | COUNTRY: | |
| CORRESPONDENCE NAME/ADDRESS: | CUSTOMER NUMBER: | 000909 | TELEPHONE 2028220944 |
| | | | FAX 7039052500 |
| NAME: | PILLSBURY WINTHROP LLP | | |
| STREET: | 1600 TYSONS BOULEVARD | | |
| CITY: | MCLEAN | | |
| STATE/COUNTRY: | VA | ZIP: | 22102 |
| EMAIL: | | | |
| APPLICATION TITLES: | | | |
| | LARGE AREA PLASMA SOURCE | | |

TAB TO LAST POSITION.PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 09/869,245 | FILING DATE 06/27/2001 RULE | CLASS 118 | GROUP ART UNIT 1763 | ATTORNEY DOCKET NO P273240 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Wayne L. Johnson, Phoenix, AZ;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/US99/27928 12/10/1999
WHICH CLAIMS BENEFIT OF 60/114,454 12/30/1998

** FOREIGN APPLICATIONS *****

| | | | | |
|---|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY AZ | SHEETS DRAWING 11 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

00909

TITLE

Large area plasma source

| | | |
|---------------------------------------|---|--|
| FILING FEE RECEIVED 100 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. o time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |